

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001834**

GENERATOR (Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR
999000321

② Name **PLUMINUM CO OF AMERICA** Name **OPERATING IND**
EPA NO. **CAD074126681** EPA NO. **CAD080012024**
Address **5151 ALCON AVE** Phone No. **5586141** Address **700 POTERO GRANDE**
City, State, Zip **VERNON 90058** City, State, Zip **MONTREY PARK**

Name **RETURN**
EPA NO.
Address
City, State, Zip

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **#7** ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS **FABRICATOR**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %			

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **PLUMINUM OXIDES; WATER**

⑫ SPECIAL HANDLING INSTRUCTIONS ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **K. Mump** Signature of Authorized Agent and Title **2-13-81** Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**
EPA NO. **CAD028277036**
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **2-13-81**
TIME **1000** ☒ AM ☐ PM
2-13-81 Date

⑯ **P.B. Lewis** Signature of Authorized Agent and Title

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING IND Inc** 18 QUANTITY (If Measured) **100 BARREL**
EPA NO. **CAD080012024** 19 STATE FEE (If Any)
PHONE NO.
K001250

⑳ HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME
EPA NO.

㉓ **Phyllis** Signature of Authorized Agent and Title **2-13-81** Date Accepted